

FAMILY COURT COVER SHEET

NO: _____

Attorney for Plaintiff ID: _____

Attorney for Plaintiff Phone Number & Email Address

VS.

Plaintiff Phone Number & Email Address (REQUIRED)

Attorney for Defendant ID: _____

Attorney for Defendant Phone Number & Email Address

Defendant Phone Number & Email Address (REQUIRED)

AVERMENT OF CONSOLIDATION

On the space below, please provide the docket number of all other companion cases associated with this case (including any closed files involving the same party-litigants) that related to:

- | | |
|--|-------------------------|
| 1. Divorce Annulment _____ | 2. Support _____ |
| 3. Equitable Distribution _____ | 4. Paternity _____ |
| 5. Custody/Visitation _____ | 6. Special Relief _____ |
| 7. Outstanding/Temporary/Final Protection from Abuse Order _____ | |
-

I certify that the information provided above is comprehensive and complete to the best of my knowledge and that I have formally entered my appearance for the case captioned above:

BY: _____

IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA

FAMILY DIVISION

_____ NO: _____

vs.

NOTICE TO DEFEND

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the filer. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

LAWYER REFERENCE SERVICE
MONTGOMERY BAR ASSOCIATION
100 WEST AIRY STREET (REAR)
NORRISTOWN, PA 19401

(610)279-9660, EXTENSION 201

IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA

VS. NO. _____

PLEASE NOTE: CAPTION MUST BE EXACTLY THE SAME AS THE ORDER TO WHICH EXCEPTIONS ARE FILED, A COPY OF WHICH SHALL BE ATTACHED HERETO.

EXCEPTIONS TO RECOMMENDATION OF EQUITABLE DISTRIBUTION MASTER

EXCEPTIONS TO THE RECOMMENDATION dated _____ day of _____, 20____,

A hearing de novo is requested in equitable distribution

Attorney for Plaintiff or Pro Se party Atty ID Attorney for Defendant or Pro Se party Atty ID

Address Address

Phone No. () Phone No. ()

Signature

Filed by: Plaintiff Defendant (check one)

NOTICE: FILER MUST SERVE A FULL COPY UPON OPPOSING PARTY OR COUNSEL

CIVIL ACTION - LAW

Plaintiff

v.

No.:

Defendant

CERTIFICATE OF SERVICE
for
EQUITABLE DISTRIBUTION EXCEPTIONS

I certify that on _____, 20____, a true copy of the
foregoing **Exceptions to Recommendation of Conference Master in Equitable Distribution**
has been served upon:

Name

Address

Address

Manner of Service:

Regular First Class Mail _____

Certified Mail _____

Other (specify) : _____

Signed: _____

Dated: _____

***IF PETITION WAS FILED AS AN EMERGENCY, PLEASE FAX COMPLETED FORM
TO: 610-292-2027***

OTHERWISE, PLEASE MAIL THIS FORM TO THE FOLLOWING ADDRESS:

***PROTHONOTARY
P.O. BOX 311
NORRISTOWN, PA 19404***